

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**

Please Type or Print

PART I — Must be Completed by All EFT Participants

Taxpayer's Name		Federal Employer Identification Number ____ _ — ____ _
DBA Name		
Address (Number and Street)		
City or town, State, and ZIP code		
Contact Person	Telephone Number	

Indicate the taxes you will be paying by EFT by checking the appropriate box(es) below. Any of the taxes listed below may be paid by EFT. Indicate if you are required to pay these taxes by EFT (annual tax liability exceeds \$100,000 or \$40,000 for withholding). Fill-in the Hawaii Tax Identification Number (HTIN) for the tax accounts you will be paying by EFT. If you have more than one HTIN for a tax type you are paying by EFT, list all HTINs for that tax type.

Tax Type	EFT Required?	Hawaii Tax Identification Number
<input type="checkbox"/> General Excise and Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	W ____ _ — ____ _
<input type="checkbox"/> Withholding	<input type="checkbox"/> Yes <input type="checkbox"/> No	W ____ _ — ____ _
<input type="checkbox"/> Transient Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	W ____ _ — ____ _
<input type="checkbox"/> Rental Motor Vehicle and Tour Vehicle Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	W ____ _ — ____ _

Part II — Must be Completed for Participants Using the ACH Debit Method

Bank Information for ACH Debit

Account Name	Account Number ____ _ — ____ _ — ____ _ (Not to exceed 17 digits) Transfer/Routing Number ____ _ — ____ _ — ____ _ (Requires 9 digits)
Bank Name	
Branch Name	

Reminder: Attach voided check

The Hawaii Department of Taxation is hereby authorized to present debit entries which I or my authorized agent originates to the bank account identified above and the bank is authorized to debit such account for the tax(es) identified above. The authority is to remain in full force until EFT payments are no longer required by statute or if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

Signature of Owner, Partner or Member, Fiduciary, or Officer	Title: Owner, Partner or Member, Fiduciary, or Officer	Date
--	--	------

Part III — Request for Approval to Use ACH Credit Method

The Hawaii Department of Taxation is hereby requested to grant approval for the above named taxpayer to initiate ACH Credit transactions to the State of Hawaii's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP). The authority is to remain in effect until EFT payments are no longer required by statute, until I am notified in writing that the Hawaii Department of Taxation has withdrawn its approval, or if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

Signature of Owner, Partner or Member, Fiduciary, or Officer	Title: Owner, Partner or Member, Fiduciary, or Officer	Date
--	--	------

STATE OF HAWAII — DEPARTMENT OF TAXATION
INSTRUCTIONS FOR FORM EFT-1

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

GENERAL INSTRUCTIONS

Please type or print clearly. Return your registration material to the Hawaii Department of Taxation within 15 days from the date you received your packet.

Please make a copy of your application for your records.

For more information, see Tax Information Release No. 95-6, "Questions and Answers on Paying Taxes by Electronic Funds Transfer" and Tax Information Release No. 99-1, "Filing of Tax Returns Required by Taxpayers Who Pay Taxes by Electronic Funds Transfer (EFT)."

PENALTIES. Section 231-9.9, Hawaii Revised Statutes (HRS), imposes a penalty of 2% of the amount of the tax due if those who are required to make payments by EFT do not do so without reasonable cause. This is in addition to any other penalties. Also, section 40-35.5, HRS, allows the Department of Taxation to assess a \$15 service fee on electronic funds transfer payments that are dishonored for any reason.

SPECIFIC INSTRUCTIONS

Part I—Taxpayer Information

All taxpayer information must be completed. If you are requesting approval to use the ACH Credit method, failure to provide the information requested will result in automatic rejection of your request.

Part II—Bank Information for ACH Debit

This part must be completed only by participants who will be using the ACH Debit method.

If you will be paying for more than one tax type using the same bank account, only one Form EFT-1 should be completed. You may pay

for any of the taxes listed on the form by EFT even if you do not exceed \$100,000 for that particular tax type (\$40,000 for withholding taxes).

If you will be using more than one bank account, please complete a Form EFT-1 for each account you will be using.

The bank information can be obtained from your bank or at the bottom of the check from the account you wish to be debited.

Account number should not exceed 17 digits.

Transfer/Routing Number requires 9 digits.

Remember to attach a voided check from the bank account you want debited.

Form EFT-1 must be signed by an owner, partner or member, fiduciary or officer who is authorized to sign checks drawn in the account identified on the form.

Part III—Request for Approval to Use ACH Credit Method

This part is to be completed only to request approval to use the ACH Credit method.

Some financial institutions offer ACH origination services. Contact your bank to determine what ACH origination services it offers and the costs of ACH Credit service. You cannot use the ACH Credit method unless your bank can initiate transactions in the CCD+TXP format.

Remember that if you use the ACH Credit method, the Department of Taxation ***is not*** responsible for the successful completion of EFT transactions that are required by law. Furthermore, the Department will not pay any costs your financial institution charges you for its services.

Signature of owner, partner or member, fiduciary or officer is required.

IMPORTANT INFORMATION

You will receive a confirmation letter after you file this form. The letter will include detailed instructions for the method of payment to be used. No EFT payments should be attempted before that letter is received.

For ACH Debit Method Filers - You should receive your access code from the Department of Taxation approximately two weeks after submitting Form EFT-1. After receiving your access number, your personal identification number (PIN) will be mailed under separate cover from the data collection center.

The Department of Taxation may withdraw its approval for use of the ACH Credit method for failure to conform to the requirements for ACH Credit transactions.

You must make a written request if you wish to change from one ACH payment method to another. You must continue making your tax payments through EFT using the method in use until you receive confirmation authorizing the change and the effective date of the change.

If you have any questions, please call 808-587-4242 or toll free at 1-800-222-3229.

Mail the completed Form EFT-1, with a voided check, if applicable, to:

**EFT Program
Hawaii Department of Taxation
P.O. Box 259
Honolulu, HI 96809-0259**